

ASS. REC. BY:

REF: C721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

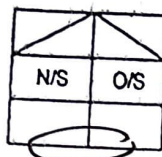
(Client's Record)

Make of Veh:

10am

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

08

days

Res.: Yes or No

Lum Sum:

1.B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMP 5953D

Yr Regn:

10, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda 1900

c.c

1496

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

93013

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GBF

109 6754

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

5/11/22

D.O.I.

9/11/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

F. & S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SJN8603R

Accident Date : 05-Nov-2022

Our Ref : 022184 (CHINA) / CHAN

KOH CHEE TIONG

BLK 538 ANG MO KIO AVE 5

#07-4008

Singapore 560538

Not authorized No. : 06691

Primary B4 painting Date : 08-Nov-2022

8 days PAGE : 1

ESTIMATED COST OF REPAIR FOR TOYOTA FREED HYBRID SMP5953D

- 1 pc Tail gate
- 1 pc Tail gate glass moulding
- 1 pc Tail gate "FREED" emblem
- 1 pc Tail gate logo
- 1 pc Tail gate "HYBRID" emblem
- 1 pc Tail gate inner lock
- 1 pc Tail gate open pocket
- 1 pc Tail gate rubber
- 1 pc Tail gate outer chrome
- 1 pc Rear end panel
- 1 pc End panel top garnish
- 1 pc Rear spare tyr panel
- 1 pc Rear bumper fascia

| | | |
|--------------|----------|---|
| <i>Pr</i> | 1,100.00 | ✓ |
| <i>Pr</i> | 86.40 | ✓ |
| <i>Pr</i> | 55.00 | ✓ |
| <i>Pr</i> | 38.50 | ✓ |
| <i>Pr</i> | 75.00 | ✓ |
| <i>Pr</i> | 92.50 | ✓ |
| <i>Pr</i> | 25.00 | ✓ |
| <i>Pr/Kr</i> | 168.00 | ✓ |
| <i>Pr</i> | 280.00 | X |
| <i>Pr</i> | 423.70 | ✓ |
| <i>Pr</i> | 115.00 | ✓ |
| <i>Pr</i> | 1,056.00 | ✓ |
| <i>Pr</i> | 950.00 | ✓ |

4,465.10

Less 20% : 893.02

- 1 pc Tail gate auto damaper
- 1 pc Rear bumper reverse sensor(set)
- 1 pc Rear w/s glass sealant
- 1 pc Rear bumper clip (set)
- 1 pc Rear no.plate with casing

| | | |
|-----------|----------|----------|
| | 3,572.08 | |
| | 1,200.00 | sn ? |
| <i>Pr</i> | 300.00 | sn X |
| <i>Pr</i> | 40.00 | 60.00 sn |
| <i>Pr</i> | 30.00 | sn ✓ |
| <i>Pr</i> | 50.00 | sn X |

To remove & refix rear windscreen
glass and conduct water leak test.

120/
150.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

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Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SJN8603R

Page : 2

To remove roof lining, front and
rear seats, trim board and carpet

801
120.00

To apply undersealing

100.00 *901*

To putty and spray replaced parts

1,000.00 *801*

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

11001
1,200.00

Total : S\$ 7,782.08
=====

Singapore Dollars Seven Thousand Seven Hundred
and Eighty Two and Cents Eight Only

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|--|
| Date of Submission | 07/11/2022 14:42 (SGT) |
| Reported by | Owner |
| Date of Accident | 05/11/2022 13:47 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TO JURONG AFTER PAYA LEBAR FLYOVER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMP5953D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | KOH CHEE TIONG |
| NRIC No | SXXXX156B |
| Email Address | STEVENKOH5953@GMAIL.COM |
| Mobile Phone No | (Phone) +65-94881181 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5112945815-03 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | SIM HUI KHENG |
| NRIC No | SXXXX253J |
| Date Of Birth | 01/08/1972 |
| Occupation | Outdoor |

Date Of Driving Pass 25/02/1998
Driving experience 24 YEARS AND 9 MONTHS
Gender Female
Mobile Number (Phone) +65-94881181
Alt. Phone Number -
Email Address JJSIM6359@GMAIL.COM
Address BLK538, ANG MO KIO AVE 5, #07-4008
Address complement -
Postcode 560538
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
Does Driver Own Other Vehicles? No
Vehicle Registration Number of Other Vehicle Owned by Driver -
Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? No
Was any injured conveyed to hospital by ambulance? -
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

PASSENGER 1

Name PASSENGER
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN8603R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

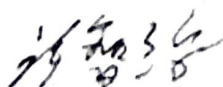
CITY AUTO RTE LTD
(UEN: S3981401)
100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 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2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095,

Describe Circumstance of the Accident


ON 5-11-2022 AT 1.47 P.M, I WAS DRIVING ALONG PIE TO JURONG ON MY RIGHT MOST LANE, TRAFFIC WAS MODERATE, AND AFTER THE PAYA LARAN FLYOVER, I SAW THE VEHICLE INFRONT ALL SLOW DOWN, I FOLLOW TO SLOW DOWN, THE MOMENT I SLOWING DOWN MY VEHICLE IMMEDIATE I FELT AN IMPACT FROM THE REAR OF MY VEHICLE, UPON ALIGHTING TO CHECK AND REALISED THAT SJWS603R NOT ABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE, AFTER WE EXCHANGE PARTICULARS, I CONTINUE TO SEND MY PASSENGER TO THE DESTINATION, NO ONE WAS INJURED.

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

CITY AUTO PTE. LTD.

818 8 SHANMUGA ROAD

#01-50/60/62 S. A. MEDICAL

Singapore 570041

Tel: 653 1245 Fax: 653 1246

(Company Stamp)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)